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ABSTRACT

Fundamental changes in the family unit have led to ineffective and inadequate parenting, and to increasing isolation among families, placing family members at risk for such social problems as child abuse/neglect and school failure. To prevent and treat these problems, parents need knowledge of child development and tools for responding appropriately to children. These tools are best provided in a group setting which will reduce the problems of social isolation and will provide peer support. Family resource centers have been developed with several variations to provide this assistance. These resource centers and parenting projects have the goals of preventing child abuse and neglect and preventing developmental delays which can result in school failure. Family resource centers in Virginia are described, including Family Focus (Grafton), Richmond County Family Development Center (Warsaw), the Family Center (King and Queen County), and the Parenting Center (Charlottesville). Parenting projects described include Good Beginnings (Portsmouth), Goochland Fellowship and Family Service (Goochland), Stop Child Abuse Now (Richmond), and Parents Anonymous of Virginia (Richmond). The programs use such interventions as parent education, toy libraries, discussion groups, day care, adult basic education, and preschool programs. (JDD)

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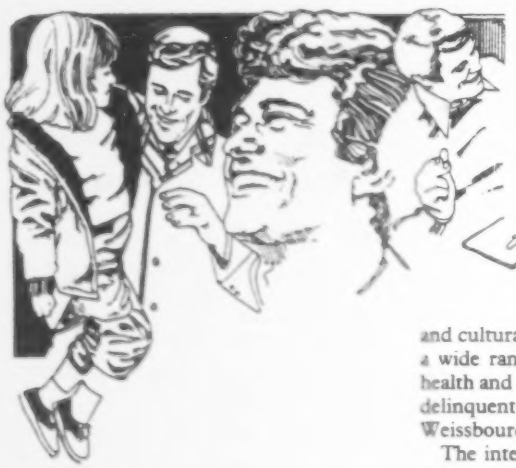
Family Resource Centers: A Way to Grow



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A large majority of our population have been, are or will be parents. Thus, most individuals have a large part in determining the quality of life for another person. Parents influence the kind of adults children become. It is an awesome responsibility for which most have little or no formal training.

Balter (1976) suggests that a cycle of ineffective parenting is established as a result of lack of preparation. The enormous responsibility of child rearing is basically learned informally in the family. Therefore, traditional ways of parenting, even if they are ineffective or harmful, continue to exist as the child identifies with the parents, adopting their parenting styles, discipline and belief system. The child then enters adulthood with faulty frames of reference which lead to mistakes repeating themselves when the child becomes a parent.

The effects of ineffective and inadequate parenting are more pronounced in recent years due to fundamental changes in the family unit. "These changes include the increasing percentage of both parents in the work force; changes in family structure brought on by divorce, remarriage and single parenthood; the increasing geographic mobility of families; and growing poverty among children, particularly those in female-headed households. The result is increasing isolation among families from all social, racial and cultural groups, placing them at risk for a wide range of social problems, including health and mental problems, child abuse and delinquent or criminal behavior" (Musik and Weissbourd, 1988, p. 1).

The intent of this article is to investigate the possible prevention of two results of this increased stress: child abuse and neglect, and school failure.

Child Abuse and Neglect

Many factors lead to child abuse and neglect. Among them are lack of knowledge, lack of problem-solving skills, inability to cope, stress and social isolation. As a means of preventing many of these factors, parent education programs have been developed.

A recent article by Brunk, Henggler and Whelan (1987) investigated two treatment modalities for preventing the recurrence of child abuse and neglect. These were parent training and multisystem therapy. They suggested that child abuse can be viewed from two perspectives: social-situationally or ecologically.

The social-situational model developed from learning theory and suggests that "the use of corporal punishment accelerates the child's aversive behavior, which subsequently triggers further abuse and traps the parent and child in a 'coercive cycle' that maintains the abuse. Factors that contribute to this process include limited and ineffective control repertoires and high rates of aversive child behavior. Outcome results have indicated that parent training is effective in reducing negative parent and child behaviors" (Brunk, Henggler and Whelan, 1987, p. 171). The parent training for Brunk's study utilized the group setting which "enhances parental support systems, decreases social isolation of maltreating parents, and provides immediate feed-back from peers regarding problem-solving behavior" (Brunk, et.al, 1987, p. 172).

The ecological model views child maltreatment from a systems paradigm. "Maltreatment results from the interaction of multiple factors that are nested within four ecological levels: the background of the parent, family relations, family transactions with extra-familial systems and cultural variables that support maltreatment" (Brunk, et.al., 1987, p. 171). The therapeutic intervention, which varies according to the family system, includes effective child management strategies and more appropriate expectations of child behavior, restructuring family systems, marital therapy, coaching and emotional support, and family advocacy with outside agencies. This treatment modality was conducted with separate families in the home or at a clinic.

While the results of this research indicated that multisystematic therapy provided certain advantages over group training, the parent training had definite strengths and positive results. Both approaches showed a decrease in reported psychiatric symptomology, reduced stress, and resulted in improvement in individual and family problems.

continued on page 3

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Family Centers

continued from page 1

However, parent training was superior to multisystematic training on one measure of change. "Parents who received parent training reported a greater decrease in social problems. It seems likely that this decrease was due to the fact that parent training was conducted in the group context. Group treatment enabled the parents to decrease social isolation and to establish a temporary social network" (Brunk, et.al., 1987, p. 177).

This study indicates that parenting education is one means for preventing recurrence of child abuse and neglect. If provided early enough, one supposes that it can be a primary prevention tool. Primary prevention intervenes prior to the first incidence of a problem and keeps the problem from ever occurring. Child abuse and neglect programs with the goal of primary prevention "focus on either modifying the stressful environment or strengthening individual capacities to cope with stress" (Resnick, 1985, p. 479).

Research suggests that primary prevention of child abuse and neglect programming need not prescreen for risk potential. Rather, parenting programs are beneficial as a community wide endeavor. The goal should be to develop a program which addresses various causal levels of maltreatment: individual, family, community and cultural factors. Educational target areas must include knowledge of child development, child-rearing attitudes, parent-infant interaction patterns, and parental competencies or skills.

Taylor and Beauchamp (1988) suggest that comprehensive programming will result in better knowledge and understanding of several aspects of parent-child interaction. Parents will express more realistic milestones. In addition, after completing a program, parents tend to adopt more liberal beliefs and attitudes about child-rearing, recognize the infant's potential for interaction, therefore becoming more responsive, and report greater feelings of confidence in the parental role.

Intervention needs to be as early as possible. The perinatal period — prenatal through approximately 18 months — would appear to be the optimal time. "The perinatal period is the most important time in the lives of the parents and their infant. While all is not lost if something delays the establishment of a positive communication system, the ideal is to enhance this relationship during the time when 'the need to know' and 'eagerness to know' is at its peak, a time that every teacher or coach cherishes. An additional educational asset of this period is that the 'students,' i.e., the parents and infants, are a 'captive audience,' readily available and able to be found within the health care system" (Helfer, 1987, p. 565-579).

School Failure

The failure of children to cope with the school environment is of national concern. Large numbers of youth dropout before completing high school. Many display problems as early as kindergarten and early elementary school.

The level of concern about school failure was displayed most recently when 49 governors met with the president at the University of Virginia for an unprecedented summit on education. President Bush told the participants that six years after the report "A Nation at Risk," (a study by the Department of Education which warned that 'Our society and our educational institutions seem to have lost sight of the basic purposes of schooling'), our nation is still at risk (*Washington Post*, September 29, 1989).

The results of this summit were several. It put education back at the top of the national agenda, it led to a mutual agreement between the states and the federal government as to their roles in the solution to this problem, and it led to the development of seven specific areas that must be addressed if this serious problem is to change. One of the areas relates specifically to the issue of parenting: that the government take responsibility for ensuring that children are ready to start school.

"During the past 15 years, an increasing amount of evidence has accumulated indicating that parents play an important role in stimulating the acquisition of intellectual skills in their children. Environmental stimulation of intellectual development by parents may be particularly important in the preschool years when children are acquiring basic intellectual competencies that can assist in the mastery of academic tasks in school" (Bergan, Neumann, and Karp, 1983, p. 31-33).

A recent review of the literature by Lerner and Beagan (1986) suggests that programs which provide developmental stimulation and parent education can make positive changes in the lives of children. Lerner and Beagan cite many projects with positive findings. For example, after Lowenstein exposed children between the ages of 2 and 3 to verbally oriented play in homes where speech was minimal, she found dramatic cognitive gains associated with intervention. In another example, Goodman reported gains in intellectual functioning of young children where home visitors modeled parenting behaviors for the caretakers. In a short time, low-income mothers changed their parenting noticeably.

Summary

It appears that for both primary prevention and treatment of child abuse and neglect and developmental delays, knowledge of child development and tools for responding appropriately to children are needed. They are best provided in a group setting which will reduce the problems of social isolation and will provide peer support.

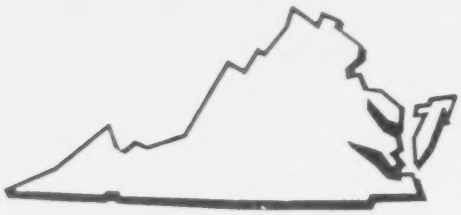
Intervention should be as early as possible and delivered to a wide range of families rather than focusing on the "at-risk" or identified abusive/neglectful families. This would imply, then, a need for a family resource center, a place that could provide assistance in all of these areas, and possibly more — child care for working parents, respite care for parents who are at home, a preschool enviornment to assist children with the development of socially and cognitively appropriate skills, group activities for parents while the children are in preschool, and group outings for families.

In Virginia, family resource centers have several variations. The remainder of this article will describe five family centers and a variety of parenting projects. All have the same goals: the prevention of child abuse and neglect, and the prevention of developmental delays which can result in school failures. They just go about it in different ways.

continued on page 4

Family Centers

continued from page 3



VIRGINIA'S FAMILY RESOURCE CENTERS

Family Focus, Grafton

Located in York County near Williamsburg, Va., Grafton is a rural community surrounded by larger cities. Contained there is one of the most comprehensive parent resource centers in Virginia, offering many services to virtually all parents with children from birth to 3 years old, the period when children are most vulnerable to maltreatment.

Family Focus began in 1983 when the local child abuse and neglect multidisciplinary team received a grant from the Virginia Family Violence Prevention Program (VFVPP) funds, administered by the Virginia Department of Social Services (see box for description of this funding source). The money allowed them to begin a parenting program. In 1985 they received support from two other community resources: Colonial Services Board, the local provider for mental health/mental retardation services, and Mary Immaculate Hospital.

Betsy Stillwell, director of Family Focus, explained the hospital's involvement. "At that time Mary Immaculate was redesigning the maternity ward, and looking at providing outreach services. They do not have a pediatrics department, and wished to find some mechanism for maintaining contact with their maternity families. They liked what we were doing for the families of York County, so they offered financial support." According to Stillwell, both Colonial Services Board and Mary Immaculate Hospital are committed to the program and have included continued funding in their five year plans.

Services by Family Focus are provided in their own facility and are offered to all families with young children. "We believe that when a new parenting program begins, we want to establish the strongest program possible," Stillwell explains. "Therefore, we offer it to all families knowing that probably the initial interest will come from families with more resources and more education. The advantage is that we start with a solid and strong base of parental involvement. We then reach out to families that are considered at risk of child abuse and neglect. I advise anyone starting a program to do it this way. I think it helps explain the success of our program."

All services are free of charge. "Money is never mentioned at Family Focus," emphasizes Stillwell. "We focus on parenting concerns, not people's status. Colic is colic, regardless of financial resources. We zero in on what any parent needs to do in various situations. We use the parenting expertise of all our parents, as we have found each has strengths and weaknesses.

"Beyond Delivery" is a six weeks class designed for mothers with infants ages 6 weeks to 6 months (mothers of younger babies can be accommodated if they are returning to work). Both parent and child come together for play activities and informal lecture. Topics include safety issues, adjusting to parenthood and child development during the first year. Parents are taught various activities to share with their baby. "Support groups have evolved from this program. They meet regularly after the formal program has ended," Stillwell explains. Approximately 100 mothers participate in this program annually.

FAMILY FOCUS

"Systematic Training for Effective Parenting" (STEP) (Dinkmeyer and McKay, 1984, see review, this issue) is offered as frequently as six times a year. "We get so many requests for this program," Stillwell explains. "We get many referrals from the courts, schools, and social services. And we get requests from parents wishing to improve their parenting skills. We have a continuous waiting list." STEP provides parents with an understanding of child behavior, effective communication skills and positive discipline alternatives.

Other parenting programs are offered, too. Two more formal programs are "Responsive Parenting" (Lerman, 1984, see review, this issue) and "Siblings Without Rivalry" (Faber and Mazlich, 1987). "In addition, we will offer one-time lectures on topics — such as dealing with temper tantrums — that have been requested by our play group mothers," Stillwell states.

Several play groups are offered at Family Focus. They are at times when parents can drop in and have play time with their children, as well as interact with the parents of children in the same age range. These groups are attended by parents from the education groups as well as by referrals from the hospital, and those who learn of the group through word of mouth and advertising. "Play groups are the foundation of our program," says Stillwell. "Some who begin by attending play groups later enter the parent education groups."

The infant play group meets once a week on Thursday. It is for parents of children from birth to 18 months. The toddler play group meets on Monday and Wednesday, and is for parents of children between 18 months and 3 years. "My role with these groups is to provide several activities for participation, as well as unstructured time when I am available as a resource," Stillwell explains. "I encourage the parents to take ownership so they help plan and I encourage them to ask for special activities or programs."

On Tuesday there is a special group, The Sharing Center, for parents of children between birth and 2 years who have been referred from various agencies, and are considered at risk for poor parenting. Each family must meet screening criteria. When referred, a home visit is arranged to assess the needs and risk factors of the family and child. Stillwell explains that they use assessment tools such as the "Denver Developmental Screening Test" (Frankenburg, et al, 1975, see review, this issue) and "HOME assessment" (Caldwell and Bradley, 1985).

To be eligible for the program at least one risk factor must be found. There are several maternal risk factors (less than a 12th grade education, younger than 20 or older than 35 years old, late or no prenatal care, less than six prenatal visits, history of substance abuse or mental illness, moved more than twice in the last year, lack of economic resources, and lack of stability) and three infant risk factors (infant birth weight of less than five pounds, small for gestational age and needed life support at birth). If eligible, parents are provided transportation to the weekly group.

These groups provide more structure for the parents and their children. Stillwell and her part-time assistant are both present for this group. In the first half hour there are separate activities for the parents and children. This gives parents time to get some coffee and begin interacting with others. Then they come together as a group where there is modeling of parent-child interactions for the parents. There seems to be considerable acting out among this group of children, so the staff models effective disciplinary tools. No hitting is allowed at Family Focus. Instead, parents are taught the use of time out and appropriate words. "The people coming to this group have probably never been to a group and have little contact with other parents. We have to nurture both parents and children. We have to set limits for both, too," says Stillwell.

An opportunity for respite is also included at this time. Near the end of the morning, mothers are offered activities separate from the children. Stillwell explains that the mothers work with one staff person, while the other takes care of the children. The activities include cooking, crafts and toy-making. "These activities not only allow parents time to talk to each other informally, but in many cases makes parents aware of some hidden talent. That really boosts self-esteem," says Stillwell.

In addition to the weekly group, parents are provided staff time through weekly home visits. These visits are designed to provide one-on-one support for the parent and child. Stillwell explains that during their visits, they take photographs of the child and keep them in an album. They use these albums to provide some direction for the discussion, as well as to provide a record of the child's development. The parent is also given an information sheet at each visit. It allows the parent to make entries about the child's activities, development and characteristics each week.

Some parents are able to participate in both the Sharing Group and the other play groups. This is encouraged whenever the staff feels the mother is comfortable with the group setting. It is helpful for at-risk parents to have interaction with other parents who have skills, and parents can see that all children behave similarly.

Family Focus has successfully provided services for the community for six years. Their next goal is to begin working with the schools to establish a program for children from 3 to 5 years old, as there is some concern for the lack of follow-through services for older preschoolers to kindergarten.

On a final note, in 1986 the Governor's Task Force on Prevention recognized Family Focus as a "Model Child Abuse Prevention Program in Virginia." It was selected because of its strong primary prevention orientation and its ability to generate ongoing community support.

Parent Profile

Anna found her way to Family Focus through the mental health system. At one time a productive, employed person, Anna found herself in a woman's shelter having been thrown out by her boyfriend and father of her newborn baby. Anna, an adult child of an alcoholic, had already been through a divorce from an abusive husband. Unable to cope, she lost custody of her older daughter. She was despondent and acting paranoid, constantly fearing that someone was coming to take her new baby boy. The shelter referred her to mental health and the Department of Social Services. Mental health referred her to Family Focus.

When the staff of Family Focus first met Anna, she was in her home sitting in a rocking chair holding her baby. She rarely left the house or moved out of the rocking chair. She was unresponsive to her baby and to the visitors. This introduction began the home visits by Family Focus staff. Patiently they worked with Anna, attempting to teach her about her baby and his needs. They gently nudged her toward the play groups. She resisted for quite awhile, but finally began to attend.

Two years later Anna is a different woman. She is still under the services of mental health, but no longer needs medication to function. Her baby is thriving, and Anna is an enthusiastic participant in Family Focus activities. She is ready to enter job skills training activities. And, she is learning to assert herself in an attempt to gain increased visitation with her daughter.

Richmond County Family Development Center, Warsaw

Located in Richmond County, this program draws from 203 square miles with a population of only 7,600 people. The setting is rural. Fifty-seven percent of the population over 25 years old have not finished high school. In the midst of this is the Family Development Center and its rich array of services.

This program has its roots in a multi-disciplinary team, too. Family Focus Inc. is a team of concerned citizens and professionals. They have worked together to begin several programs for the disadvantaged in Richmond County including the Family Development Center and a shelter for battered women. In addition, they have become involved in the family life education movement by conducting a survey and assisting with public hearings. They are actively seeking a pediatrician for the area.

The funding for the Family Development Center is varied. The center began with a grant from the Levi-Strauss Foundation. Since then it has received ongoing support from the VFVPP and also obtained a grant from Sovran Bank in Richmond. It receives annual support from the county board of supervisors. Presently, the center is awaiting word from other grant sources. Nancy Taliaferro, director of the program, says that money is a constant concern. "The needs are so great, and there is never enough money to take care of them."

The base of support, however, is improving. Recently volunteers from 17 churches opened a thrift shop in the center's building. This has benefited the Family Development Center. "The shop not only provides goods at a reasonable price, but it has made the center more visible to middle class families bringing goods to donate," explains Taliaferro. "This has resulted in greater support to the center from churches and community organizations."

Programs are provided free of charge to anyone referred to the center. Program participants are primarily single-parent mothers who have been referred by the Department of Social Services, the health department or the courts. Families with a history of child abuse and neglect are given priority. Therefore, all referrals are made to the Department of Social Services who prioritize referrals for vacancies.

Twenty children are enrolled at the Family Development Center. They are there primarily for preschool activities. The program begins in early October and ends in late May, meeting Monday, Wednesday and Friday. It runs from 9:30 a.m. until 1:30 p.m. and includes a nutritionally sound breakfast and lunch. Six areas are emphasized: receptive language, expressive language, reasoning skills, fine motor skills, visual perception skills and social emotional growth. A child's performance on the "Carolina Development Profile" (Lillie and Harbin, no date) at the beginning of the year allows teachers to assess development, placing children in small activity groups according to need. "Our goal for the children is to provide skills that will prepare them to enter the public schools with no delays in basic skills. We hope that this beginning will result in a successful school career," says Taliaferro.

continued on page 6

Family Centers

continued from page 5

There are several programs for parents of children attending preschool. Parents and siblings attend the Wednesday preschool session. During this time they become involved in parent-child interactions, and have an opportunity to meet parents with children of similar ages. "It is amazing how much support they get from each other. Just knowing that other people's children act the same way and that this is a natural part of child development helps them get a more realistic view of their children," Taliaferro explains.

Parents are provided several other opportunities. There are G.E.D. preparation activities, job readiness training, parenting education and child development training. "Many of our parents are folks living in rural isolation with little education and no marketable skills," Taliaferro emphasizes. "They feel powerless and incompetent. We want to work with them so that they can feel less isolated and feel some support for who they are as parents and as competent adults. We want them to develop self-confidence as a parent. We empower them to take care of themselves and their children. A good indicator of their growth is when we see our parents wanting to attend parent-teacher conferences at the public school. We work with them on the questions to ask so that they can feel involved. The change in self esteem is very remarkable."

There are several staff members working with the participants of this program. In addition to Taliaferro, who has a degree in child development and several years experience in preschool teaching, the center has a preschool teacher with 13 years teaching experience, two drivers to transport children and parents to the center, two teacher aides and a baby-sitter. The aides and baby-sitter are selected from parents who have graduated from the program.

"In the history of this program 92 families have been enrolled, with only one parent re-involved in child abuse," Taliaferro explains. "We believe this program is extremely successful in preventing child abuse and neglect. And, we see our children entering the schools with fewer culturally related delays. Though our facilities are less than adequate, and there are never enough resources, I find this work extremely gratifying. Not everyone can do it. For me, it is a calling."

The Family Center,
King and Queen Courthouse

Another rural program is found in the northern part of the 70-mile-long and 8-mile-wide King and Queen County. Forty miles northeast of Richmond, it is home for approximately 6,000 people.

The Family Center receives its primary support from the King and Queen County Department of Social Services which in turn receives funding from the VFVPP grants. They also receive grants from the Preplacement Prevention of Foster Care, Virginia Dependent Care Grant and the Levi-Strauss Foundation through Parents Anonymous. In addition, the center has a tremendous amount of community support. P.T.A.s, churches and community groups provide needed equipment, supplies and donations. The King William community doctors provide assistance with copying, audiovisual services and programs for the children. In addition, the generosity of a local businessman has provided the two buildings which house this comprehensive program. A few activities are fee generating.

The Family Center is available to all parents and children in the counties. The majority of families are low-income, minority families. Many are single parents. However, Vicki Nelson, program director notes, "We get a real mixture of families at the center. We get people who come as referrals from a variety of agencies, and by word of mouth. This results in the availability of a variety of role models for the participant families." This center also provides a wide variety of services. Unlike the other agencies, however, the services are provided year round.

Preschool Program. From October through May, the Family Center provides a preschool/day care program for children from birth to age 5 on Tuesday, Wednesday and Thursday mornings. The center provides transportation and snacks for the children. The staff divides the children into three age groups meeting in separate rooms: infant/toddler (approximately 8 children), 2 and 3 year olds (approximately 20) and 4-5 year olds (approximately 12 children).

The infant-toddler program is an unstructured program which provides day care as well as infant stimulation activities. Nelson states that as the children get older, the activities become more structured. "This group is primarily an unstructured play group," she says.

The older children have opportunities for experiential learning, such as field trips and visitors. "Our primary concern is school readiness with the goal of preventing developmental delays," Nelson explains. "We are also very concerned about self-esteem. We work on that a great deal with our children."

The teachers for this program are not certified. Nelson trains them in child development issues, and the Department of Social Services provides several opportunities for learning through their licensing program. "We are working toward becoming a licensed day care facility, and need to make training a priority," she says.

Day Care. In addition to preschool, the center provides day care between 6:30 a.m. and 6 p.m. all year. This includes after school care for older children.

Parent Education. After the children have been delivered to pre-school, approximately 20 parents meet in a nearby building. For the first hour and a half of the morning they are involved in parenting classes. While she has "STEP" and "How to Talk To Your Kids So They Will Listen" (Faber and Mazlish, 1980, see review, this issue) programs to use during the year, Nelson does a great deal of improvising according to the parents' wishes. "I try to be very flexible," she says. "Although I have a planned topic of discussion for each session, if I have a parent with a particular concern, then we address the concern. The needs of my parents are my primary concern."

In the parenting classes, a variety of issues are covered, including developmental stages, discipline techniques, problem solving, health, first aid and nutrition. "Sometimes I have guest speakers to help with specific

How to Start a Family Resourse Program*

1. Form a planning committee which includes both human service professionals and parents.
2. Assess the need through a survey, a community forum or census research.
3. Choose a program model. Program models fall under five broad categories: center-based programs, parent networks, home-based programs, parent groups and telephone "warmlines."
4. Set the purpose, goals and objectives.
5. Decide on the administrative structure. Will this be independent or part of an existing agency?
6. Plan fund raising activities early. Develop logical, methodical steps to tell your story. Fundraising is a never ending task.
7. Choose a location.
8. Recruit and select staff.
9. Recruit families.
10. Develop the program. This requires ongoing and detailed planning.
11. Evaluate the program through systematic and ongoing review.

* Taken from "Guidelines for Establishing Family Resource Programs" by Musick and Smith and published by the National Committee for the Prevention of Child Abuse.

topics," Nelson explains. "It breaks up the monotony of just hearing me."

Crafts. The latter half of the morning is taken up with craft activities. "This is one of the best things we do," Nelson remarks. "I have actually been surprised at what a positive experience it is. For many of these folks it is a new experience. They find that there are some things they can do quite well. It is a real ego booster. In fact, some parents have sold some of their crafts."

Adult Basic Education. Some parents are receiving adult basic education while their children are in school. These reading/basic math activities meet three hours a day for two of the days, with these parents joining the parenting group for one segment the third day.

In addition to providing education and support to parents, the program also provides respite. "It allows parents to have time away from the stress of parenting, and provides them with an opportunity for adult socialization that they may not otherwise get," Nelson says.

Nelson explains that the goals of the Family Center are multiple. "Our primary goal is to strengthen the family. We do this by working with children to prevent developmental delays and acting out problems. We work with the parents to become confident and competent parents so that they will not abuse their children. We also conduct educational training so our parents have the skills to help their children when they get to school."

THE PARENTING CENTER
ACCREDITED

Working Together to Enrich the Parenting Experience

The Parenting Center, Charlottesville

Charlottesville is a metropolitan community in central Virginia, and contains a major university. The city is surrounded by five counties. The Parenting Center, a program sponsored by Family Service Inc., serves both Charlottesville and the surrounding counties. It is housed in a building behind the Family Service, giving a feeling of separateness.

In the summer of 1985 a group of parents came together to discuss the needs of families in Charlottesville. After investigating the needs and possible programs for answering them, the concept called The Parenting Center was born. The goal was to provide specific services to parents, as well as to serve as a clearinghouse for information about other resources and community activities for families. Fortunately, Family Service Inc. was also very interested in these services. They committed the resources of their agency to starting and maintaining this program. In the spring of 1986 grant proposals were submitted. In June the program began with two grants, including one from the VFVPP.

This agency is unlike the others in that it is almost entirely run by volunteers. While Catherine Bodkin, director of Family Service Inc., oversees the program and a paid volunteer coordinator manages volunteer activities, it is the parents who are responsible for the programs. "This is a program run by and for the parents," says Bodkin. "I want to review who will be running the support groups, and I want to assist with the training of volunteers for the groups and the Talk Line. I also want to ensure that the volunteers are representing the agency well. Other than that, the parents are in charge. They have developed several working committees, and it is these committees which plan, organize and implement the programs. We offer as much technical assistance as they wish us to."

The Parenting Center began by providing services to families with children 1 year or under. Each year they have expanded. Presently they serve families with children through the middle school years. They are beginning to reach out to parents of teens.

Like the Grafton model, economic status or risk factors are not considered. Bodkin admits that presently they are servicing very few low income or at-risk parents, though they would like to include these families. "We took the advice of the Grafton group seriously. We are getting a sound program by working with families who will use the resources. Now that we are stable, we are looking for ways to reach out to others," Bodkin explains.

The center provides several services. All but a few are offered at no charge.

Groups. There are several groups at the center. Three regular play/discussion groups are: infant (birth - 9 mo.), young toddler play group (9-18 mos.) and older toddler play group (18 mos. - 3½ yrs.). They meet for an hour and a half with each meeting on separate days. Meetings offer an opportunity to meet other parents with children of similar ages. The parents socialize and discuss parenting issues, while the children play or, in the case of the infants, nap.

P.A.W.S. (Play Activities With Supervision) meets weekly for an hour. It is a group designed to train parents in activities they can play with their children.

A single parents group meets twice a month. It is led by a clinical psychologist who donates his time for this activity. It is designed to offer support and education to parents with the difficult task of single parenting.

The last group is called Talk and Play and is open to parents of children of all ages. The purpose is for parents to have another structured time to meet and talk while children play.

Toy Library. The center has a well equipped toy library with lending rules similar to any library. During the school year it is open five mornings a week. During the summer, it is open three.

continued on page 18

Parent Profile

When Patricia first used the Parenting Center's services, she was a young mother with an extremely active toddler and was pregnant with her second child. She, her husband and their toddler were new to the Charlottesville area. She felt isolated and alone. It was winter, and it was so difficult to know what to do that would allow her active daughter to use some of that energy! She needed to find an outlet for her daughter and a place where she could meet other mothers.

Patricia learned about the Pogo Program held at a downtown gym and sponsored by the Parenting Center. It was a play program for parents and children. So, Patricia and her daughter went. It was her introduction to the Parenting Center.

At first, Patricia was timid about getting involved with other areas of the center. However, after her new baby was born, she decided to join an infant support group. That was the beginning of an active volunteering career with the center. Since then, Patricia has been a major force in the toy library, one of the center's programs. She has recently volunteered to chair its committee, meaning that she is responsible for the organization of the library services and the work of 14 other volunteers! Carolyn Bancroft, program director, states that Patricia puts in approximately 15 hours a week as a volunteer, and that she unofficially serves as a primary recruiter. "Patricia is very friendly and outgoing. She is continuously on the look-out for mothers who are new and may be able to use our services. She sure is a good publicity person!"

Family Centers

continued from page 7

"The toy library is open to any family," Bodkin explains. "There is an annual membership fee of $5 or one toy. This helps us keep a well-equipped library. Families are allowed to check out two toys, puppets, puzzles or musical instruments with a four item limit at any one time. They are allowed one renewal period if a toy has not been requested by someone else. There are the typical overdue charges and damage fees. It is a great program, and very popular with our parents."

Talk Line (296-TALK). As other services, this is managed by trained volunteers. They are there to provide support or referral for parenting issues.

Talkline receives approximately five calls per day. Callers have diverse concerns such as 'My baby has been crying all night. What is wrong?' or 'My child is a picky eater.' or 'What can I do when my children are always arguing?' The volunteer has reference material available. He or she listens, helps the parent analyze the problem, looks at what the parent has tried in the past and helps generate other alternatives. The volunteer also makes a follow-up call in about a week to check on how the parent is doing.

"This is a program which requires well-trained volunteers. I oversee this activity to ensure that volunteers have the skills they need to handle the calls they get," Bodkin emphasizes. Talk Line is covered Monday-Friday from 9 a.m. to noon.

Parent Education. Several classes are offered to the community. They vary in length and content, depending on need. For instance, in November Bodkin was offering a group called "Coping with Holiday Stress." Other offerings include language development techniques and dealing with parental guilt. These classes are offered in the evenings. Some are free, others have a minimal fee.

Publications. The Parenting Center also publishes a wonderful booklet outlining activities for families in and around Charlottesville. It includes a listing of movies to be shown at the library, the activities at The Parenting Center and the Virginia Discovery Museum, and various festivals. This booklet is published four times a year: summer, autumn, winter and spring.

New Program. Bodkin explains a new program the center is offering in an effort to reach out to at-risk parents. "We have developed this new group because of several requests we have had from the professional community for parenting groups," she says. "So we are offering a small group educational opportunity which is run by a therapist and a M.S.W. graduate student."

The group utilizes videos and what Bodkin called a "mother's bag of tricks," a bag with items which generate discussion about parenting concerns. The group is designed to provide education and support on an ongoing basis. The center also provides transportation, child care and refreshments. "The group is off to a good start," says Bodkin.

PARENTING PROJECTS

There are several programs in Virginia that cannot be classified as parenting centers, but are parenting projects which offer ongoing services. The following are a representative sample.

Good Beginnings, Portsmouth

A program which has received national recognition from Family Service of America is Good Beginnings, a program affiliated with Child and Family Services of Portsmouth. This program began in 1982 when the Portsmouth multidisciplinary team recognized a need for a program to address the needs of adolescent parents, "children raising children."

A member of the team, a social worker at Portsmouth General Hospital, expressed the hospital administration's concern for the young mothers leaving the hospital. Upon further investigation, team members found some startling facts: some young mothers did not know how to use baby powder properly resulting in infants inhaling powder; others were afraid to remove the bandages on the navel and frequently returned to the hospital with a dirty bandage still attached to the infant; and emergency room doctors reported infants coming back to the hospital with preventable diseases.

The team also determined that young mothers often had low birth weight babies who were born prematurely. Therefore, mothers were discharged from the hospital before the babies. Because of transportation problems, many young mothers did not return frequently for visits. When they did visit, they had to wear masks and gowns. Bonding just was not occurring.

Dismayed, the team started looking for funds to begin a comprehensive parenting program for teen parents. Child and Family Services of Portsmouth received enough funds from the Tidewater Children's Foundation and the Portsmouth General Hospital Auxiliary to fund a position for a health educator. Thus began Good Beginnings. Since then, the funding base has expanded. VFVPP is one source of funds.

The program teaches young, inexperienced parents how to care for their infants and develop positive attitudes toward parenting. It also provides an opportunity for socialization and supportive services. The intent is to prevent child abuse and neglect.

Dina Clevenson, director of Good Beginnings and health educator by profession, and her assistant, Cathy Bass, visit the OB/GYN unit of three area hospitals: Portsmouth General, Maryview and Obici. At that time, they interview new teen mothers who have expressed an interest in the program, telling them about the program and assessing whether they meet the five criteria for participation: a) between 12 and 22 years old; b) first pregnancy or another infant less than 1 year old; c) resident of Portsmouth, Suffolk or Chesapeake; d) demonstrates five characteristics of an at-risk parent; e) and is recommended for the program by medical personnel.

After initial screening, a home visit is conducted by Good Beginnings staff. "When we visit the home, we are assessing several factors," Clevenson explains. "We observe the parent/child interaction and the home environment. We also administer the "Adult-Adolescent Parenting Inventory" (Bavolek, 1984, see review this issue) to assess the knowledge about and attitudes toward parenting. During the visit we also give them some instruction in an observed area of deficiency." At this time the young mothers and fathers are invited to attend a parent education group which meets for 12 sessions. At the end of the sessions, a post test is administered and a diploma awarded. If parents wish, they can go through another cycle of training.

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There are presently three parent groups under way: two at the Child and Family Service Center and one at Obici Hospital. Parents are provided transportation to the classes if needed. Approximately 45 young parents attend classes. "I have developed a manual which outlines the program curriculum," says Clevenson. "We cover specific topics each week such as (1) dispelling myths of parenthood; (2) use of birth control and how to talk to boyfriends about it; (3) sexually transmitted diseases and how to prevent them; (4) the importance of bonding; (5) infant stimulation activities; (6) the development issues of infancy; (7) behavior management; (8) child safety; (9) CPR to the degree of 'how not to panic and what to do when an emergency occurs'; (10) substance abuse issues and problems they cause for families; (11) building self-esteem; and (12) infant and parent nutrition. During the nutrition class, we prepare a meal and talk about low cost, nutritionally sound food items.

"At strategic points in the program we provide attendance incentives to the mothers. For instance, at week three if a mother has attended all sessions, she receives a musical baby ball. At week eight she receives a larger plastic ball that can be used for infant stimulation exercises. These incentives really help, and the parents enjoy receiving them."

Good Beginnings is a program that can be implemented in any community. It is an excellent postnatal model for providing short-term education and support. A letter from a young participant expresses her feelings about Good Beginnings when she writes, "This class was like a new challenge for me, it gave me a lot of encouragement to experience other things in life . . . being a wonderful mother and a loving wife to my husband."

Parent Profile

Carolyn is a young professional who moved to Charlottesville with her husband and son in order to make a major lifestyle change. He taught at the University of Miami in Miami, Fla., and she worked with a publishing company as an editor/indexer for approximately 10 years. They became disenchanted with the area and climate, so they began researching alternative places to live. Charlottesville was the place they chose.

When Carolyn came to town, she knew no one. Her husband became involved with his work at Crutchfield, leaving Carolyn at home all day with her infant son. While she was doing some free-lance work for a Detroit publisher, the work did not have her interacting with others and she was not feeling a part of the community. It was winter and she was feeling very alone, lonely and isolated, but that was to change.

By chance Carolyn picked up a Parenting Center flier at a Charlottesville children's clothing store. It included information about the infant support group the center offers. The idea appealed to her, since she had no support and needed it for those moments when she felt "crazy" as a new parent who was doing everything wrong. She attended the six-week group along with five other mothers. It was wonderful to realize that she was not "crazy" after all. "I learned that other mothers feel guilty and inadequate when their baby is spitting everything up, or angry and frustrated when their babies are up all night screaming! It was wonderful to talk and get their support," Carolyn says.

After their initial experience with the center, all the mothers got involved with other things, keeping in touch on an informal basis. Carolyn was aware of the volunteer activities at the center and decided to volunteer some time there. Her initial involvement was to work on two projects: a play-group registry which kept track of people interested in play groups, explaining their options and how they can work with the center, and leading a toddlers group similar to the infants group she had attended.

After Carolyn had been volunteering for awhile, the volunteer coordinator position became available. She applied and got the job. Since then she has become the program coordinator. Both are paid, part-time positions.

Carolyn attributes her success in adjusting to parenthood in her new environment to the Parenting Center. "I love this place," she says. "We are all 'crazy' in the same way. I have a good support system and my son has a strong network of friends here. It has been wonderful for us."

GOOCHLAND FELLOWSHIP AND FAMILY SERVICE

Goochland Fellowship and Family Service, Goochland

Presently the Goochland Fellowship and Family Service is the hub of family services for Goochland residents. It provides a variety of services, such as a medical center, a van to transport needy clients to medical and dental clinics, a telephone line for the elderly and literacy classes. They also have parenting skills classes.

"Our classes are open to anyone in the county," explains Donna Goff, director of the fellowship. "We advertise through fliers and public announcements and get about 25 percent of our participants by these means. The remaining 75 percent is through referrals."

As is true of many parenting programs, Goochland's classes are free, transportation and child care are provided, and they cover the usual topics over an eight-week period of time. Classes are offered twice a year.

Goff believes they have a program that is successful in its goal to strengthen parenting roles and having participants feeling more confident and positive about themselves as parents. She attributes much of the success to the facilitator, Dr. Gail Newton. "Gail is a very skilled facilitator. Everyone feels very comfortable with her, and they rave about her. They come away believing something important is happening."

Goochland would like to expand their program to become a Family Development Center modeled after the Richmond County program in Warsaw. "Our plans are to begin a comprehensive program for parents and adults in January 1990," Goff explains. "We want to provide pre-school activities and day care for children, and parenting classes along with literacy classes for adults. We have a wonderful facility which our families love and take care of. They are asking for more assistance in the job of parenting and we believe we can provide it."

What are they waiting for? "Money," says Goff. They have received some of the money they need through the VFVPP. "We have written proposals to several foundations. We will know about the funds in December. If we get them, we begin in January. If we don't, it's back to the drawing board," she says.

A Chapter of the National Committee for Prevention of Child Abuse

Stop Child Abuse Now (SCAN), Richmond, Va.

One of SCAN's many initiatives is the New Parent Friendship Network, an outreach program being piloted at St. Bridget's Catholic Church. According to Barbara Rawn, executive director of SCAN, a church is in an excellent position to implement new parent programs since churches are a support system for those who live away from their natural families.

continued on page 20

Family Centers

continued from page 19

Designed to provide support for new moms during the first year of the baby's life, the New Parent Friendship Network enlists volunteers who are experienced moms. They attend training sessions conducted by the SCAN staff, assisted by various professionals. A new mom is then paired with a trained volunteer who will offer support, information and a listening ear. Through the volunteer the new mom has an opportunity to discuss fears, strengths, weaknesses and potential parenting problems.

So far three major components of the pilot program have been accomplished: the recruitment and training of volunteers, matching of five moms and volunteers, and the development of a gift package to be given to new moms. The gift contains a calendar and a parent resource booklet. "One idea for recruitment is to have a volunteer contact each family who registers their baby for baptism," suggests Rawn. "They will receive the gift and be told about the program. If they are interested, a volunteer is assigned. St. Bridget's encourages registration for baptism before birth, which is ideal as matches need to be made as early as possible."

Evaluation is planned. Rawn hopes that participants will feel supported by the church members and also learn about resources in the community.

"If the pilot is successful," notes Rawn, "SCAN hopes to help churches throughout Virginia replicate the program. Not only does the program outreach to young members of the church, but it can serve as a means to prevent parenting problems."

Parents Anonymous of Virginia, Richmond

Among the many programs sponsored by PA is the "Nurturing Program Series" developed by Stephen J. Bavolek, Ph.D. (see review, this issue). It is a validated and standardized four-part program designed to strengthen parenting skills and parent-child interactions. The four sections are for: (1) teenage parents and their families; (2) parents and young children (birth - 5 years); (3) parents and children 4 - 12 years); and (4) parents and adolescents.

PA's role is an interesting one. "In 1988, we were given a grant by the Virginia Family and Children's Trust Fund to buy five sets of materials and my time and travel expenses," says Sherry Herbert, program coordinator. "I identify local communities interested in the project. Then I provide technical assistance and training for the community. If it does not have a PA board, we start by recruiting members for one. Then we recruit and train volunteers in the Nurturing program. The volunteers then train the parents and children.

The initial five communities were Bristol, Lawrenceville, Lynchburg, Stafford County and Alexandria. Agencies in these communities house the materials and volunteers implement the program with agency and PA chapter support.

Since the inception of the program, interest has blossomed. Several communities have bought their own materials and Herbert has provided technical support and training. And, there are 12 more communities on a waiting list, should Parents Anonymous receive more funds.

"The Nurturing Program" is somewhat different from others in that it is group education that teaches the same concepts to both parents and children. Sometimes the parents and children meet separately, other times they meet together. Regardless, they are both learning. "Let me give you an example," says Herbert. "Let's say we are teaching time-out as a means for modifying children's behavior. We teach the concept and use to both the child and to the parent. The premise is that if the parent uses the techniques and the child understands its purpose, the child is more likely to cooperate."

Herbert is hopeful that PA will be able to continue this program in the year to come. So are 12 communities!

Conclusion

Musik and Weissbourd (1988) in their pamphlet, "Guidelines for Establishing Family Resource Programs," suggest that Family Resource Centers play an important and valuable role in the primary prevention of child abuse and neglect. They also point out that these centers are as varied as their settings. "Each family resource program is set up differently but in general all family resource programs have one goal: to reach families early in an effort to prevent serious problems and to promote healthy functioning." (p.4)

As these authors suggest, Virginia's parenting centers are designed for and by the individual communities. They reflect the particular cultural and social characteristics of the community, as well as the age and needs of the participants.

Regardless of these differences, however, each community has clearly stated the same goals and philosophy: they want to strengthen families; they want to provide children with positive parenting and with a chance in school; and they want their parents to feel confident and competent in their roles. And, they are working hard to see it happen.

References Available Upon Request